

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11281

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township \_\_\_\_\_ Primary Registration District No. 3020 Registered No. 84  
(c) City Carthage (d) Street No. McCune Brooks Hosp. St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

500 Robert Gale Kinney  
(a) Residence, No. Route #1, Sarcxie, Mo. St. 6 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1926

7. AGE YEARS 13 MONTHS 7 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Union Township  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Glenn E. Kinney  
14. BIRTHPLACE (CITY OR TOWN) Jasper County  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Matilda Warden  
16. BIRTHPLACE (CITY OR TOWN) Jasper County  
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Glenn E. Kinney  
Sarcxie Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Center Cemetery DATE 3/31/1940

19. FUNERAL DIRECTOR (ADDRESS) George H. Warden  
Carthage Mo

20. FILED Mar 31, 1940 E. G. McEntee Carthage Mo  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3pm Mar 27, 1940, to 8:15pm Mar 27, 1940  
I last saw him alive on Mar 27, 1940 Death is said to have occurred on the date stated above, at 8:15p.m.  
The principal cause of death and related causes of importance were as follows:

general peritonitis 3/15/40  
acute appendicitis 3/17/40

Other contributory causes of importance: 121

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) George H. Warden J. M. D.  
(Address) Carthage Mo

RECEIVED

District Health Officer No. 6,

District File Number 440-1165

Date Filed APR 15 1940

STATEMENT BY LICENSED EMBALMER

I, J. B. Bingham, Licensed Embalmer No. 7689  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Donald Reed  
L. E.  
No. 368 or by \_\_\_\_\_  
working under my personal supervision.

Signed

J. B. Bingham

Licensed Embalmer No. 7689

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)